

MEETING MINUTES

Project Name: IPRS	Doc. Version No: 1.0	Status: Final
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Meeting Name: IPRS Core Team Meeting
Facilitator: Eric Johnson, DMH
Scribe: Evelyn Woodard
Date: 04/02/2008
Time: 10:30 – 11:30 AM
Location: Wycliff Room 430

IPRS Core Team Attendees:

Gary Imes	Others:
Thelma Hayter	Cathy Bennett
x Eric Johnson	x Sandy Flores
Travis Nobles	x Paul Carr
Cheryl McQueen	x Evelyn Woodard
Joyce Sims	Chris Ferell
x Jamie Herubin	x Rick Kretschmer
x Mike Frost	x Theresa Diana
x Myran Harris	x Wanda Mitchell

Attendees:

x Alamance-Caswell	x Johnston
x Albemarle	x Mecklenburg
x Catawba	x Onslow-Carteret
Centerpoint	x OPC
x Crossroads	x Pathways
x Cumberland	Piedmont
x Durham	x Sandhills
x Eastpointe	x SE Center
x ECBH	x SE Regional
x Five – County MHA	x Smoky Mountain
Foothills	x The Beacon Center
Guilford	x Wake
	x Western Highlands

Attendees:

Item No. Topics

1. Roll call
2. Please mute phones or refrain from excess activity to help with communications. Please state your name and which “area program” you are from when you speak. **Also, please do not place IPRS Core Team call on hold because of potential distraction to call discussion.**
3. Upcoming Checkwrites (cut-off dates) – April 3, 10, 17
4. Agenda items
 - **FARO Presentation**
 - Beta Test (NPI) Requirements Review
 - 100 records/LME/submission; Format test; full cycle run, 835
 - **Update scheduled termination: TBD**
 - IPRS Questions or Concerns
 - MMIS Updates – Theresa Diana
5. DMH and/or EDS concluding remarks.
 - a. For **North Carolina Medicaid** claim questions / inquiries, please call EDS Provider Services at 1-800-688-6696 or 1-919-851-8888 and enter the appropriate extension listed below or 0 for the operator.
 - i. Physician phone analyst (i.e. Independent mental Health Providers – 4706
 - ii. Hospital phone analyst (i.e. Enhanced Service Providers / LMEs) – 4704
6. Roll Call Updates

Next Meeting: April 9, 2008

For assistance with IPRS claims, adjustments, R2Web, accessing application, etc.

Call the IPRS Help Desk – 1-800-688-6696, option 4 or 919-816-4355

M-F, 8 a.m.-4:30 p.m., excluding holidays.

IPRS Question and Answer email address – iprs.qanda@ncmail.net

ADMINISTRATION NOTES (10:30 a.m. AREA PROGRAMS CONFERENCE CALL)	
Item No.	Topics
1.	Roll Call
2.	Please mute phones or refrain from excess activity to help with communications. Please state your name and which "area program" you are from when you speak. Also, please do not place IPRS Core Team call on hold because of potential distraction to call discussion.
3.	<u>Upcoming Checkwrites</u> (cut-off dates) April. 3, 10, 17
4.	<p><u>Agenda items</u></p> <ul style="list-style-type: none"> <u>Upcoming Checkwrite (cutoff dates) – April 3, 10, 17</u> Eric (DMH) – We did not have a checkwrite last week. We have a checkwrite this week and the cutoff date is April 3rd. We have one new agenda item and it pertains to the FARO presentation. Cheryl McQueen (DMH) will be giving a presentation at FARO which will include an update on Single Stream Funding, tracking of county funds, crisis funding, limitation information, and a NPI review. If you have questions pertaining to any of these topics, please forward them to IPRS QandA so that Cheryl McQueen may address them at the FARO presentation. Please indicate in the subject line of your email 'Question(s) for FARO' in regards to these topics mentioned. <u>Beta Test (NPI) Requirements Review</u> Eric (DMH) – I believe there has not been a change in status regarding new LME(s) beta testing for NPI since our last conference call. We strongly encourage you start beta testing at this time. We are receiving questions regarding NPI which leads us to believe that other LME(s) are in the process of performing beta testing. Please continue to send your questions to IPRS QandA. Also, DMH will work to follow-up on those questions received previously as quickly as possible. Are there any questions regarding NPI at this time? <p>Q: Victoria (Albemarle) - Last year at the beginning of the NPI process before it was placed on hold, LME(s) were instructed to submit their core numbers and group numbers with the associated NPI to IPRS QandA. Is that a current reflection of the mapping solution; is this what you all are going by or are you going by what Medicaid has on their side?</p> <p>A: Eric (DMH) – We are going by the billing provider number.</p> <p>Q: Victoria (Albemarle) – So if there have been changes, we need to send an updated email to IPRS QandA?</p> <p>A: Eric (DMH) – For billing, yes.</p>

	<ul style="list-style-type: none"> • <u>IPRS Questions or Concerns</u> Eric (DMH) – Are there any IPRS questions or concerns? Q: Victoria (Albemarle) – We have a question about YP500 Emergency Coverage funds. Was there a decision made in November/December regarding an edit placed in the system so that we can start billing this procedure code or should we bill this on our UCR? A: Eric (DMH) – There has been no change in the Division’s position regarding this issue. If you have issues relating to YP500 or if you are needing to bill YP500 services, this will need to be done outside of UCR. A: Wanda (DMH Budget Office) – We have received several email requests from the LME(s) regarding YP500. I’ve noticed that you are billing one unit of this service. You can actually request State fund dollars to roll into your new 1590 Crisis Account. If the account is just 536996 only then it is your non-UCR crisis funding, but if it is 536996-003, then it is your UCR crisis funding. You actually bill YP500 to the non-UCR crisis funding account. So, if you have anything that has been billed against account 1290 in your non-emergency crisis account, you can now bill out of your 1590 non-UCR crisis account. A: Victoria (Albemarle) – We were asking on behalf of someone else regarding this issue. We will have them contact you if there are any questions. Q: Faye (Mecklenburg) – What was the rationale in getting rid of procedure code YP500? A: Wanda (DMH Budget Office) – We were instructed by the State General Assembly to make sure all the crisis dollars were accounted for. So everything that was normally put in emergency services was considered to be some type of crisis. So that new account along with the old one, I am not sure if any of you remembered the old Mary Eldridge account in fund 1290, 5336906. Everything was drawn down into 1590 as a way to track all crisis services for the State General Assembly. Q: Tom (WH) – Have you all made a decision regarding providers and LME(s) collect Family Income information from providers? Can the message to collect this information from providers be determined? Q: Wanda Mitchell (DMH Budget Office) – That information will be discussed at the FARO conference. Kelly, do you want to respond to this question? A: Kelly (Durham) – Yes, I believe they are still in the process of updating the fee schedule for Family Income. A: Wanda (DMH Budget Office) – There was an email sent from Ann March 6th sent to the LME(s) financial officers regarding this. A: Kelly (Durham) – There were several things we wanted it to do, we want it to be retroactive, we wanted it to start 7/1/08 for the Uniformed Fee Schedule. We have not heard anything at this time regarding this. A: Wanda (DMH Budget Office) – I will follow-up with Mike Lancaster. I know that an email was sent to Mike Lancaster asking if the start date could be July 1st or when the Uniformed Fee Schedule will begin. Q: Tom (WH) – Have you all made the decision to include a requirement in the LME/provider contract requiring providers to advertise their services on NC Care links. Can we expect a change to the LME-Provider Contract template to include those statements and how soon will we be able to see this? Q: Eric (DMH) – I did receive your email regarding this and I thought we responded to your question? Did you not get the response I sent? A: Tom (WH) – I believe I did.
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	<p>A: Eric (DMH) – From what I understand, I believe that document you reference is to be considered for merging into the contract. You should expect notification regarding a new version of the template for the contract by the end of the fiscal year soon.</p> <p>Eric (DMH) – We forgot to mention earlier, we received a question from IPRS QandA from someone on the NC Council regarding the implementation of \$0 Paid Claim Solution. We intend to implement this solution by the end of this week in time for the first checkwrite in April. At this point, things are looking good. We are reviewing the concluding steps to ensure this will happen as planned. We will notify the LME(s) via IPRS User Alert when this will be implemented.</p> <ul style="list-style-type: none"> <p><u>MMIS Updates</u></p> <p>Theresa (EDS) – We have a follow-up from last week regarding Value Options – Retroactive Prior Approval with retroactive eligibility. The contact person at Value Options is Tracy Morgan and she is the one who will be processing the Retroactive Prior Approval requests if they are in regard to the retroactive eligibility. These Retroactive Prior Approval requests, however, will be subjected to Medical review as these will be on a case by case basis. There will be instances by which some requests will not be approved depending on that situation. According to Value Options, the Medicaid ID card is sufficient for these requests. A letter from the consumer is not necessarily required, so if you can get a copy of the recipient's Medicaid ID card, this will be sufficient documentation to prove the retroactive eligibility.</p> <p><u>Medicaid Questions or Concerns</u></p> <p>Eric (DMH) – Are there any Medicaid questions or concerns?</p> <p>Q: Tom (WH) – When you say 'letter from the consumer isn't necessarily required', are there instances when they are required?</p> <p>A: Theresa (EDS) – Not according to Value Options. They stated that Medicaid ID card showing the retroactive eligibility is sufficient</p> <p>Q: Tom (WH) – Does this apply to consumers whose retroactive Medicaid is beyond 90 days?</p> <p>A: Theresa (EDS) – I am not sure about this. I will need to research this for you.</p> <p>Q: Jeanna (Catawba) – There was an email that was sent from the Financial Officers that discussed going beyond the 90 days. The contract with Value Options only retroactively goes back 90 days and they were looking to change the wording of the contract.</p> <p>A: Theresa (EDS) – Thank you, We will look into that as well.</p> <p>Q: Tom (WH) – In relation to that point, My concern is two things: 1. What is the correct procedure for applying for retroactive Medicaid that is beyond 90 days along with all of the supporting documentation so that the providers will know how to apply for this correctly the first time and 2. What have become of the retroactive Medicaid providers have attempted to receive authorization when a consumer is beyond 90 days. Will these be reconsidered or will they need to reapply?</p> <p>A: Theresa (EDS) – Please forward your questions to IPRS Qand A so that</p>
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	<p>we forward these to Value Options. According to the contract they did earlier, 90 days is the latest they can go back. If they are looking into changing this, then we will find out if there has been any update.</p> <p>Q: Tom (WH) – Can the providers contact Tracy Morgan directly or is this contact information limited to the LME(S) only?</p> <p>A: Theresa (EDS) – If it is in regards to Retroactive Prior Approval requests, her name has been given as a contact.</p> <p>Q: Tom (WH) – Can the providers email her or phone her directly?</p> <p>A: Theresa (EDS) – They can reach her via the general phone number at Value Options. We do not have a direct number or direct email to reach her. When you call the general number hit '0' and asks for Tracy Morgan will be the best approach at this point.</p> <p>Q: Kelly (Durham) – I see that the CPT rates have been posted on the DMA website. Are any of the type/specialty going to change, because now some of the physician rates are lower than their specialty? This is the same thing that happened last year.</p> <p>A: Theresa (EDS) – There has not been any notification received stating those rates are changing. I will certainly keep my ears and eyes open for any update.</p> <p>Q: Tom (WH) – In relation to that, the procedure code 90862 rate was changed on the DMA physician fee schedule, but it wasn't changed in the IPRS fee schedule. Is there any determination as to should it change? We may be reimbursed an incorrect rate.</p> <p>A: Paul (EDS) – Tom, we did some research regarding this during the past week and what we have determined is that the fee schedule reflects one rate for 90862, but the system does not. It reflects the old rate, so our folks here were checking with DMA to see if they accidentally updated the fee schedule and did not request a rate change with us.</p> <p>A: Kelly (Durham) – The same thing can be said about procedure code 90805. This rate has not been changed in IPRS, but it has been changed in Medicaid</p> <p>Q: Paul (EDS) – Are you saying that it has been changed on the fee schedule or are you saying you are getting paid differently?</p> <p>A: Kelly (Durham) – I am stating it changed on the fee schedule in Medicaid, but there was no change according to IPRS report IPPR2417.</p> <p>A: Paul (EDS) – Right, and just so that you all know, the way that this report reads is that it looks at the Medicaid rate and gets the rate from the Medicaid side. So if that rate reflects one thing on IPRS side then that is the same rate reported on Medicaid's side.</p> <p>Q: Kelly (Durham) – Then that means that the rates are both wrong for Medicaid and IPRS according to the fee schedule?</p> <p>A: Paul (EDS) – Yes. I will take this back and point this out to DMA as well.</p> <p>Q: Tom (WH) – Could you please let us know during next Core Team meeting what the outcome is?</p> <p>A: Paul (EDS) – Yes – I will provide you all a status regarding this issue.</p>
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	<p>DMH and/or EDS Concluding Remarks:</p> <p>For North Carolina Medicaid claim questions / inquires please call EDS Provider Services at 1-800-688-6696 or 1-919-851-8888 and enter the appropriate extension listed below or 0 for the operator.</p> <ul style="list-style-type: none">○ Physician phone analyst (i.e. Independent Mental Health Providers)- 4706○ Hospital phone analyst (i.e. Enhanced Service Providers / LMEs) - 4707 <p>Roll Call Updates</p>